

pelvis are discussed from the standpoints of diagnosis and the types of cases suitable for injections. In cases of renal calculus, pyelography should be employed only when interpretation of the plate is doubtful or when exact localization is desirable. That pyelography is of decided value under such circumstances is nicely shown in numerous plates. The final chapters deal with tumors of the kidney and congenital anomalies in their relation to pelvic distortions, et cetera. We have nothing but praise for this monograph which presents the last word in pyelography. F. E. K.

---

THE CLINICS OF JOHN B. MURPHY, M.D., at Mercy Hospital, Chicago. Volume IV, Number II (April, 1915). Octavo, 197 pages, 47 illustrations. Philadelphia and London: W. B. Saunders Company, 1915.

THE present issue of *Murphy's Clinics* opens with a diagnostic talk by Dr. Murphy on osteomyelitis. While this is written in Dr. Murphy's best vein, yet but little is added to what has been covered by four talks in previous numbers.

The next case is one of "Bony Lipping of the Right Acetabular Margin and of the Neck of the Femur Following a Metastatic Arthritis—Arthroplasty of the Hip—Cheilotomy." Subscribers to the *Clinics* must have acquired a fair knowledge of this subject from the eight talks on the hip that have appeared in previous issues. The Roentgenogram presents the appearance of the common hypertrophic osteoarthritis, or morbus coxæ. The operation is termed cheilotomy one place and cheilectomy another.

Dr. Rodman's talk on "Carcinoma of the Breast" is very elucidative. His experience with Paget's disease must have been exceptionally extensive to warrant the phrase, "Nearly all the patients with it that I have seen . . ." His interpretation of the pathology, that it is duct cancer with secondary cutaneous involvement, should be emphasized. He states in italics: "*The muscles are removed not because they are involved in the carcinomatous process, as so many think, but simply for the reason that a thorough axillary dissection cannot be made with the muscles in situ.*" If this is the only reason, why remove the pectorals at all? Why not reflect them and stitch them back, just as when one deals with the infrahyoid muscles in the removal of a large goitre? Referring to ligation of the superior thoracic artery, Dr. Rodman says: "I have convinced myself by work in the dissecting-room that it is at least a hazardous, if not an unwarranted, procedure." And yet on the very next page, "The superior thoracic, which is about the middle of the upper flap, is seized and ligated."

The fourth case is an inoperable carcinoma of the colon with

diffuse miliary "carcinosis" of the peritoneum. A case of carcinoma of the colon was discussed in a previous issue.

The fifth case is one of epithelioma of the upper lip starting in an old lupus scar, for which excision, with plastic closure, was performed. The sixth case is an intramural fibroid of the uterus. The seventh case is one of hypertrophy of the prostate, complicated; perineal prostatectomy. Much of the ground was covered in two previous talks, one of which appeared in the October, 1914, number.

The eighth and last case, one of spontaneous massive coagulation of cerebrospinal fluid with xanthochromia, was introduced with a diagnostic "talk" by Dr. Mix. This assumed monographic proportions, covering 52 pages, and leaves one in a quandary how Dr. Murphy found any time left to operate that day. It includes abstracts of 33 cases from the French and German literature, with a complete bibliography at the end. Readers of the *Clinics* are more apt to be bored than entertained by this "talk," unless they be neurologists, but Dr. Murphy sums up the essential points in his ensuing comments, which form the most interesting part of this issue. Two excellent illustrations, one in colors, by Tom Jones, are included here.

Boiling the issue down, the faithful subscriber gets very little "new" material. He only gets 8 topics, whereas previous issues have contained from 12 to 21. It seems far better to maintain the freshness of this publication by issuing it quarterly or even semi-annually, than to be forced to the necessity of repetition and obvious padding, in order to issue it bi-monthly.

---

BERIBERI. By EDWARD B. VEDDER, A.M., M.D., Captain Medical Corps, U. S. Army. Cartwright Prize for 1913. New York: William Wood & Co.

OF great practical as well as scientific worth this book passes the added distinction of being, for a work of this kind, unusually readable.

The story of beriberi from the earliest times to our own, as presented by the author offers an engrossing tale. It will appeal not only to physicians and scientific men in general, but to anyone who can appreciate the story of a tremendous work well done.

One of its most attractive features is the way in which evidence, offered by opponents to the theory of beriberi to which the author holds, is taken and by careful analysis and the verification or disproof of the facts as stated, is shown to support rather than controvert his belief.

The author proves conclusively, that beriberi is caused by a